

668-8483



**South Dakota Board of Nursing**  
 South Dakota Department of Health  
 722 Main Street, Suite 3; Spearfish, SD 57783  
 (605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

**Medication Aide**  
**Application for Faculty Changes to a Currently Approved Training Program**

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to: South Dakota Board of Nursing  
 722 Main Street, Suite 3  
 Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions  
 Address: 1000 West 4th Street, Suite 9  
Yankton, SD 57078  
 Phone Number: 605-688-8475 Fax Number: 605-688-8483

AESS Program Instructor: Gwen Maag, RN (SD: R032347 Expires: 05/29/2016) gmaag@avera.org  
 Verified by: \_\_\_\_\_ (SD BON)

Facility: Countryside Living  
 Location: Mitchell, South Dakota  
 Facility RN Clinical Sponsor/Instructor(s):  
Jayne Zens RN; SD license # R030616; Expires: 11/26/2014  
 Verified by: \_\_\_\_\_ (SD BON)  
 \_\_\_\_\_ RN; SD license # \_\_\_\_\_; Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Verified by: \_\_\_\_\_ (SD BON)  
 \_\_\_\_\_ RN; SD license # \_\_\_\_\_; Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Verified by: \_\_\_\_\_ (SD BON)  
 \_\_\_\_\_ RN; SD license # \_\_\_\_\_; Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Verified by: \_\_\_\_\_ (SD BON)

AESS Program Instructor Signature: Gwen Maag Date: 06/10/14  
 Administrator/DON/ADON Signature: Olivia Roberts Date: 6/10/14

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received: <u>6/19/14</u>	Date Application Denied:
Date Approved: <u>6/19/14</u>	Reason for Denial:
Expiration Date of Approval: <u>April 2016</u>	
Board Representative:	
Date Notice Sent to Institution: <u>80</u>	

May 2014